



Burien

Washington, USA

MAINTENANCE SECURITY INFORMATION

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TO BE COMPLETED BY APPLICANT

Project Name _____

Project Address _____

Assessor's Parcel Number _____

Applicant _____

Contact Person _____

Mailing Address _____
Street

City State Zip

Daytime Phone No. _____ Other Phone No. _____

Security Firm _____

Contact Person _____

Mailing Address _____
Street

City State Zip

Phone No. _____

This section for City use only

Date Submitted _____ Release Date _____

Staff Contact Person _____

Bond/Security No. _____

Permit/File No. _____

Address File _____